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APPLICANTS

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** CONTINUING DATA ***** *NONE AR*

** FOREIGN APPLICATIONS ***** *OK AR*
 GERMANY DE 10107369.0 02/16/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/29/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 6	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Amelia Kenna</i>	Initials <i>AR</i>		

ADDRESS

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TITLE

Implant plate, method and facility for the manufacture thereof

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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